

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 589253

FILING DATE

8.11.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6		2		1		
7		1		1		
8	1		1			
9		1		1		
10		2		1		
11	1		1			
12		1		1		
13		1		1		
14		1		1		
15		4		1		
16	1		1			
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		5		1		
22		1		1		
23		1		1		
24		1		1		
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49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						